TRAUMA REGISTRY COMMITTEE MEETING
November 23, 2004
Best Western Vista Inn, Owyhee Room

Attendees: Denton Darrington, Kay Chicone, John Cramer, Christian Gelok, Lynette Sharp, Dia Gainor, Steve Rich, Bob Seehusen, Chris Leeflang, Almita Nunnelee, Murry Sturkie. Richard Schultz. Steve Millard

Discussion	Outcomes
Welcome and Introductions	
Robert Seehusen is chairing this part of the meeting.	
Review of Contractor Requirements Session	
Christian Gelok discussed the requirements session process. Wrote 21 requirements. The requirements addressed what the contractor will do, not what the product (software) will do. Dia commented the Bureau is interested in a "no surprises system" and ensuring every anticipated need has a solution and the characteristics of the registry provides an enjoyable experience. Quality measure. How do we assess hospital satisfaction? Is it a Bureau function? Could the committee be responsible? This would be a new role for this committee. Chris L commented that the requirements process task force began their meeting from a framework of small, medium and large hospital perspectives. The committee has had good representation from small and large hospitals, but not from medium sized facilities. Patients in small hospitals usually die or are transferred to the large hospitals. Medium hospitals don't have criteria to determine their trauma data needs. Need to start communicating with hospital administrators so that they can anticipate needs. Lynette S commented that it was an eye opener at the requirements meeting that there were some participants with no level of understanding of the project and how that would impact the hospital.. There is a need for communication. Many hospital representatives wanted to know the data points so that they could design current hospital activities (such as developing forms) with that	

information.

What would be the most effective means of communication? The mode doesn't matter. Need to get it to the right people on multiple levels such as. CEOs and Chief of Nursing. The Bureau's responsibility is to start the communication. The IHA could identify the appropriate contacts in every size hospital. Make it a positive message. Physicians have expressed interest in the data. Initially communicate history and progress and list a contact person to answer questions.

Murry S asked whether there is requirement that the contractor is responsible to the committee's request for QI and to meet the committee's criteria for satisfaction and performance. There are performance requirements in the RFP document. We can even note a financial penalty. The RFP crafts the relationship. It is often difficult to maintain a relationship with an organization that has high employee turnover which is common with IT type organizations.

The question was raised about collaboration with bordering states. Would the contractor be expected to be the vehicle for sharing data with other states? Could be added as a requirement. The collaboration was described as two tiered: day to day record exchange related to patient transfer across state borders and whole state collaboration.

The contracts are one year with renewable options.

Dia G asked about the ethics of providing the interested vendors with contact information of other vendors. There are two types of scenarios: vendors of trauma software who do not have knowledge of trauma registry management vendors and vice versa. The committee discussed that it was a valid role of the Bureau to notify potential vendors about each other. This would not be a matchmaking event, but an open ended list of known vendors. Is it a conflict? The RFP could state that the Bureau has a list of known software vendors from a previous RFI and would treat all vendors equally. The IHA has already seen the list of potential software vendors. It is in our best interest to provide as much information as possible. Equitable to provide to all potential system managers.

Is there a down side? Is there a major software vendor who did not respond to the RFI? Don't present the list as all inclusive. This doesn't give the software vendor knowledge about registry management vendors. Could request a RFI for management vendors. It should be up to the management vendor to develop a relationship with the software vendor. Don't need to have the management vendor initially identify relationship with software vendor in their letter of intent. Want to avoid any activity that would cause a challenge to the RFP process.	IHA will identify hospital contacts. Bureau will initiate regular (monthly) communication to hospitals to begin mid January. (Updates, education, marketing). Send same communication to TRAC members. John Cramer will craft language in the RFP to define a relationship with the TRAC committee and the contractor. The Bureau will pay attention to this relationship aspect and not just the technical aspect. The Bureau will share known lists of software vendors and management vendors with applicants.
September 10, 2004 Minutes	Approved.
Survey Results	
Steve Millard chairing. John Cramer reviewed May and July meeting evaluation survey results.	
Update on RFP Process	
Revised timeline to reflect involvement of the contractor's requirements session. Target dates are still viable. Dick S: asked whether there was a protest period after the award? What is the timeframe to accept protests of the award? 10 business days. There is a potential delay in our implementation date. The majority of the protests that derail contracts are procedural. What will this advisory committee's role be in the selection process? The Bureau has identified possible roles. Dick S. stated that in order to have the process meet the rigor of a RFP review, this committee can not be	

involved in the review. One or two members could be involved in comparing the criteria because this is a very objective process. The pilot approach of the RFP will allow users to critique the software. In the event of a protest, what is the adjudicatory process? That is handled by DHW Administration and Division of Purchasing. Senator Darrington suggested that a legislative report to the Health and Welfare committees should include a comment about the need to lift the sunset clause and to state the progress of the project. Set the foundation this winter for lifting that sunset clause.	
Review of Update of Funding	
Dia discussed the current available funding. The Bureau has identified $232,900 dedicated, $62,081 from the HRSA/Trauma federal grant in 2005 and $40,000 in 2006, $180,998 Office Highway Safety, and $100,000 from St. Alphonsus Hospital. The funds from St. Al's is available when the contract is signed and needs to be used by December 2006. Dick S. reminded the committee about not using general funds. Senator Darrington did not see an immediate need to report the use of dedicated funds to the Legislature. Darrington reiterated that dedicated funds is not the same as general funds even though spending authority is required. Dick S. stated that we want to be straightforward in the report. Darrington replied that we should proceed with the positive. Murry S. asked if we are in the ball park for funding. What happens if the bid is more than available funding? The committee previously discussed increasing drivers license or registration fees to fund the registry. Have we made comparisons with other states? Yes. It's different with every system. The on-going maintenance cost is going to be a determining factor. The up front cost will be available. What happens if the contractor decides they need a fee increase after implementation? Need to have some period of time when cost is fixed. We won't be able to change contractors because it's a system.	
Complete final survey	

John C distributed the last meeting evaluation survey. This is the last meeting of this committee in its present form.	
Review Draft Legislative Report	
1. A chart of trauma deaths was added to the previous report draft. 2. Have provided a substantive reason for taking two years to get to this point. The format should look different this year because we are closer to implementation of the registry. 3. Senator Darrington stated that Legislators like demographics and executive summaries. Add another paragraph about how the registry will address trauma. This is the progress that the committee has made. 4. What's behind the executive summary? Can list a contact person if more information is desired. 5. Paint a picture of how the registry will work. Describe the product in a plain English description. 6. Beef up page 3 about the functioning of the product. 7. Communication objective in the front. 8. Addition of or substitution of resident deaths chart for potential life lost information. Senator Darrington will coordinate opportunities for presentations to various Senate Legislative committees. (Please remind him.) Steve Millard will present. Can we adapt the presentation to present to hospitals?	Senator Darrington will coordinate opportunities for presentations to various Senate Legislative committees. (Please remind him.) Steve Millard will present.
Next Generation Charter and Membership	
The committee should see the legislative presentation. (Not necessarily in a meeting.) The committee has hit a milestone. Dick S. suggested that once the vendor is selected, the committee should see the product. Implementation is a huge issue. Need to have a committee in place to develop an implementation plan and monitor contract. This could consist of a group of users. What do we do with the data? How does the data get to the ER physicians who essentially provided impetus for	Continue the present committee membership subject to the call of a chair with new roles of implementation and usage of data was seconded and carried.

this project? The scope of the committee will expand as data becomes available. Question is the phasing of that. Which people need to be in which phase. Test group can help set the stage. The core Committee needs to be able to bring in new members as needed. Regions and geographical regions need to be considered. Move from the TRAC (Trauma Registry Advisory Committee) to the TRIC. (Trauma Registry Implementation Committee). At the time the committee looks at the final product, discussion about what structure should be in place once data is being collected should occur. The changing nature of agenda items may prompt more attendance. Continue communication to inactive current members. Need assistance in defining objectives of implementation expectations. Facilitated discussion after the award. Involve the contractor in the discussion. What about Marketing? Goes back to defining the roles of the committee. Hold committee meetings when there are action items. There are other communication methods besides meetings.	
Other Business	
Question: Do we want to name the Registry. One suggestion was TROY (Trauma Registry of Idaho.) Topic postponed.	